

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025330

DO NOT WRITE
ON THIS STUB

AMENDED

FILE JUN 19 1963

Registration District No. 244000 Primary Registration District No. 0052 Registrar's No. 197

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0808

2 0710

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4 0

5 3

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7 0

8 2

9 177X

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12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pott's</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		c. CITY OR TOWN <u>Versailles</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Bothwell Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Bural Millcreek Tr.</u>	
3. NAME OF DECEASED (Type or print) <u>FREDERICK HERMAN SIEGEL</u>		4. DATE OF DEATH Month <u>JUNE</u> Day <u>5</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>April 20, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Station Agent (Railroad)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	
13a. FATHER'S NAME <u>Frederick Siegel</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE EISENHART</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Harold Siegel, Florence Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Debility from carcinoma of prostate</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb 1963</u> to <u>June 5, 1963</u> and last saw her alive on <u>June 5, 1963</u> Death occurred at <u>12:30 P</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>6-6-63</u>	
22a. SIGNATURE (Degree or title) <u>John B. [Signature]</u>		22b. ADDRESS <u>Summit Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>June 7, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Florence Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Florence, Mo.</u>
24. FUNERAL DIRECTOR <u>SCRIVNER-STEVINSON STOW, M.</u>		25. DATE RECD. BY LOCAL REG. <u>June 6, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Francis [Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R. Scraper

Licensed Embalmer No. 4880

P. O. Address Verona, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.